

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/10/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/12/2007						
		FINANCIAL PAYER: NCIMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	3953	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	2973	CLAIM DENIED NO BUDGET FOUND	10	8040	8097	57
		8800	1062	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8505	2820	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	1466	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR APTER D	0	5170	6777	1607
		8800	287	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404910	PATHWAYS	8505	2109	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	245	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	2709	5101	2153
		11	114	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8649	1	CLAIM DENIED MAXIMUM ALLOWED 2 6 OCCURRENCES HAVE PROCESSED AND PAID, PA IS REQUIRED.	0	8	1087	1079
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	8896	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	2012	DUPLICATE OF CLAIM-SYSTEM	0	13746	13857	111
		8800	1766	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	1747	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	226	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2350	2375	25
		8599	148	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	606	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	883	3356	2473
		11	47	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	437	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	97	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	15	700	722	22
		8800	63	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404920	ALAMANCE CASHEL L AREA MH D	79	136	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	106	DUPLICATE OF CLAIM-SYSTEM	0	316	3769	3453
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1995	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	175	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474	2979	505
		5312	49	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	21	528	DUPLICATE OF CLAIM-SYSTEM				
		8505	368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	28	1147	8093	6946
		8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	253	2543	2290
		8536	35	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	21	1354	DUPLICATE OF CLAIM-SYSTEM				
		8505	501	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	207	3371	9944	6573
		8536	224	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404926	SOUTHEASTERN RE G MENTAL HL	21	7812	DUPLICATE OF CLAIM-SYSTEM				
		8518	1169	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	252	13501	17882	4381
		8599	899	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	276	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	404	1140	736
		3746	32	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				

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3404930	JOHNSTON COUNTY MNTL HLTHC	10	86	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	230	2155	1925
		23	32	SERVICE REQUIRES PRIOR APPROVA L				
3404931	WAKE CO HUM SVC BILLING OF	8505	3853	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	727	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	40	5360	9249	3889
		21	244	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8534	951	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	169	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1580	6177	4597
		10	124	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404934	ONslow CARTERET BEHAV HEAL	143	172	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	627	1959	1332
		8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	14	DUPLICATE OF CLAIM-SYSTEM				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	19	5347	5328
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404937	EDGEcombe NASH MNTL HLTH C	21	38	DUPLICATE OF CLAIM-SYSTEM				
		8532	18	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	70	1393	1323
		8537	6	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	26	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	136	505	369
		11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	8505	948	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	122	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1179	2581	1402
		7001	20	EXCEEDS THE ONE PER DAY LIMITA TION				

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3404942	ROANOKE CHOWANN UMAN SERVIC	11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	20	1073	1053
		8532	3	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
3404943	ALBERMARLE MENTA L HEALTH CE	8505	96	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	311	782	471
		8800	40	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPOINTE HUMA N SERVICES	8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	11	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	1	75	4668	4593
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	5404	605	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	328	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	2554	9624	7070
		8537	311	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404957	TIDELAND MENTAL HEALTH CTR	8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	125	1067	942
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404979	NEW RIVER AREAM H/DD/SA PRO	8535	3519	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		8505	2130	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	8748	9017	269
		120	1860	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				